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Cindy S. Kapla P.O. BOX 2448 SARATOGA, C		·	I he Stat addı tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
•				Cindy S F	(anlan	(Depositor's name)
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,				January 1	1, 2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/086,517 02/28/2002		Douglas J. Vanesko			2156	
TITLE OF INVENTION	: MULTI-STAGE SWIT	CHING FOR NETWOR	1000017		10086517	
01 FC:1501 1440.00 OP						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	01/17/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
TSEGAYE, SABA 2619			370-380000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Cisco Technology, Inc. San Jose, California						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government						
		permitted)	 Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1652 (enclose an extra copy of this form). 			
	s SMALL ENTITY state	us. See 37 CFR 1.27.	• •	nger claiming SMALL E		
NOTE: The Issue Fee ar interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	ed from anyone other than k Office.	the applicant; a registere	d attorney or agent; or t	the assignee or other party in
Authorized Signature UKM			Date January 11, 2008			
Typed or printed name <u>Cindy S. Kaplan</u>				Registration No		
This collection of inform an application. Confider submitting the complete this form and/or suggest	nation is required by 37 (atiality is governed by 35 d application form to the ions for reducing this bu	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will varued to the control of the c	on is required to obtain or 1.14. This collection is es y depending upon the indiction office COMPLETED FORMS TOWNS TO THE TOWNS TOW	retain a benefit by the pustimated to take 12 minu vidual case. Any commer, U.S. Patent and Trado THIS ADDRESS. SE	ublic which is to file (ar tes to complete, includi- ents on the amount of t emark Office, U.S. De ND TO: Commissione	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

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